

AC 4468 (1) SCARBOROUGH P. 5512



Yuko
11-12

Scarborough Education Committee

SCHOOL MEDICAL SERVICE

Report and Statistics for 1926



STANLEY FOX LINTON, T.D., M.D., M.Sc., D.P.H.,
School Medical Officer.

ANNE M. ROXBURGH, M.B., Ch.B., D.P.H.,
Assistant School Medical Officer.





Scarborough Education Committee

.....
SCHOOL MEDICAL SERVICE
.....

Report and Statistics

for 1926

STANLEY FOX LINTON, T.D., M.D., M.Sc., D.P.H.,
School Medical Officer.

ANNE M. ROXBURGH, M.B., Ch.B., D.P.H.,
Assistant School Medical Officer.





Town Hall,
Scarborough,
March, 1927.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

In presenting to you the following Report upon the School Medical Service during 1926, I would mention particularly the following points:—

- (1) The number of children found at Medical Inspections to be unclean has again fallen, and Dr. Roxburgh reports that the condition of the children appears to have improved greatly in this respect.
- (2) The provision of X-Ray treatment for Ringworm is urgently required. For want of it children suffering from Ringworm of the scalp have been debarred from school for long periods, in one case as long as two years, with sad effect upon their education.
- (3) The number of children who received operative treatment for enlarged tonsils and adenoids was 73. This is a great advance upon the figures for the two previous years, which were 35 in 1925, and 20 in 1924. These figures were very low, and were the subject of comment by the Board of Education.
- (4) The provision of a gas and oxygen apparatus has greatly increased the value of the work done in the Dental Clinic.
- (5) In connection with the Yorkshire Children's Orthopædic Hospital at Kirbymoorside, an out-patient and after-care clinic was started during the year under the administration of a Voluntary Committee, of which Mrs. A. M. Daniel is Chairman. The Medical Officer of Health and the Assistant Medical Officer of Health are members of the Committee. A large surrounding area, in addition to the Borough of Scarborough, is served by the clinic, representatives of the neighbouring villages being co-opted on to the Committee. With the kind permission of the Board of the Scarborough Hospital, the clinic is held in the out-patient department of the Hospital at 2 p.m. on the first Friday in each month. The Secretary of the Council of

Social Welfare and other members of the Committee are present. The Medical Officer of Health and either the Health Visitor or one of the School Nurses also attend. The Orthopædic Surgeon and an after-care sister come over from Kirbymoorside. Each child is seen by the former, and, where necessary, plaster work is done by the after-care sister. A card index register is kept.

Throughout the year three beds at the Kirbymoorside Hospital were in constant occupation by Scarborough school children, of whom six were admitted during the year. These are in addition to the children admitted at the cost of the Scarborough Maternity and Child Welfare Committee and of the North Riding County Council.

- (5) *From this short statement it will be seen that a great and beneficial advance has been made in the prevention and treatment of crippling defects and diseases amongst Scarborough children.*

I am,

Your obedient Servant,

S. FOX LINTON,

School Medical Officer and Medical Officer of Health.

April, 1927.

To Dr. S. FOX LINTON,
School Medical Officer.

I beg to submit to you the following

REPORT

*on the Medical Inspection of School Children and the work
of the School Clinic during 1926.*

CO-ORDINATION.

(a) INFANT AND CHILD WELFARE.

This work is carried on at the premises of the School Clinic in King Street. Clinics are held on Tuesday and Thursday afternoons, when the School Medical Inspector attends to see and advise mothers of infants and children not yet of school age. The Centre is also used as a shop for the sale of food, etc., on these afternoons and on Saturday mornings. The Clinics have been well attended, and the total number of attendances made was 5,324, as against 3,940 in 1925. The average number attending on these afternoons was 46.

Nurse Beeforth, the Health Visitor, has the voluntary assistance of several ladies at the Infant Clinics, and their help is greatly appreciated. The names of these ladies are :—

Mrs. Harland.
Mrs. H. Cooper.
Mrs. F. Beecher.
Miss N. E. McNab, A.R.R.C.
Miss E. Walker.
Miss Turton,
Miss Tapper,
Miss Hoole.

Miss Augusta Tindall, with several other voluntary workers, has kindly supplied the Centre throughout this year with cotton-wool jackets (from material provided), and these have been of great service in the treatment of marasmic and ailing babies.

(b) NURSERY SCHOOLS.

The Seamer Road Nursery School, which for the previous three years had been carried on by a Voluntary Committee, was recognised by the Board of Education in 1924, but unfortunately this school had to be closed in 1926 in the interests of economy.

At present there is a Nursery Class in the Friarage School.

The numbers for this Class were as follows :—

Total number on the Register : 84.

New Admissions : 22 boys, 22 girls.

Transferred to other Schools : 19 boys, 21 girls.

(c) CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

Most of these children come under the observation of the Health Visitor or School Nurses during their ordinary visiting work, and mothers are encouraged to continue bringing their children to the Infant Clinic up to school age, when they are transferred to the School Medical Service. As records are kept of all cases, and as both organisations are under the direction of the Medical Officer of Health, who is also School Medical Officer, continuity of the work is maintained.

SCHOOL HYGIENE.

In the Report of 1925 a full description of the schools in the area was given; since then no structural alterations have been made.

MEDICAL INSPECTION.

The Routine Medical Inspections are carried out in the schools, and three age groups are examined. Special entrants, new-comers to the town, and special cases brought forward by the teachers or parents are also examined.

The numbers in each age group examined at Routine Medical Inspections in 1925 and 1926 are as follows :—

	1925.	1926.
Entrants	633	609
Special Entrants (new-comers to town)	173	209
Intermediates (age 8)	322	346
Leavers	264	360

In addition to these Routine Inspections, 708 children were medically examined as "Specials." These children are seen in the schools or are sent



up to the School Clinic by the teachers, parents, or nurses, for some particular defect or illness; 344 of these children were subsequently re-examined.

Further special examinations during the year were:—

For Graham Sea Training School	47
For Nautical Scholarships	—
Pupil Teachers as to fitness for Training College	2

The examinations for employment of school children under the Bye-laws are referred to elsewhere in the Report.

FINDINGS OF MEDICAL INSPECTIONS AND MEANS AVAILABLE FOR TREATMENT OF DEFECTS.

UNCLEANLINESS.

Twelve children at the Routine Medical Inspections and Special Inspections were found to be in an unclean condition of the head or body. This number is small in comparison with the preceding years, and the condition of the children appears to have greatly improved in this respect. It is comparatively rare to find a child in the schools in a really unclean or verminous condition.

In Group V. it will be seen that, as a result of the Nurse's school visits for detection of uncleanliness, 306 children were found to be in this condition. The uncleanliness in the majority of these cases was of a mild degree, as will be seen from the fact that only 22 children were cleansed under the Authority's Scheme.

When a child is found to be unclean, the parent is notified and advised as to what steps should be taken. If necessary, and if the parents consent, the cleansing is carried out at the School Clinic by the Nurses.

For unclean heads, Sacker's Hygienic Comb has been found to be most efficient, and the School Nurses have introduced this comb to the mothers attending the Clinic, with the result that several have bought combs for themselves, so that they can attend to their children's heads at home.

Five cases of Scabies were detected, and these were of a mild nature and were cured by hot baths and inunction with sulphur ointment. The Medical Officer is notified of such cases, so that the bedding may be removed and disinfected in the steam disinfecter.

MINOR AILMENTS.

A classification of the minor ailments treated is given in Table IV, at the end of the Report,

It will be seen that there were 90 cases of ringworm of the scalp and body. This number remains high, and has increased from 64 in 1925. In the case of infection of the scalp, the exclusion from school for long periods during treatment is detrimental to the child in every way, and I would again suggest that, the proper precautions being taken, including the wearing of washable linen caps, these children be admitted to the ordinary Elementary Schools.

Up to the present time X-Rays have not been available for the treatment of Ringworm of the scalp, but if an arrangement could be made with the local hospital whereby such treatment could be given there, the period of absence from school would be considerably shortened and to a great extent the spread of the condition prevented.

Ringworm of the body is not such a serious complaint, and does not entail long absence from school.

The treatment of Scabies has already been referred to.

IMPETIGO.

This is one of the most common of skin diseases, and 342 cases were treated at the Clinic during the year. These children are frequently found to be below par, and require general as well as local treatment. The disease is, fortunately, easily cured, and even in severe cases does not necessitate absence from school for any length of time.

TONSILS AND ADENOIDS.

Group III., Table IV., shows that a total of 121 children received treatment for defects of the nose and throat. Seven parents refused treatment, the treatment recommended in these cases being operation. Unless definite disability exists, these children on first being seen are referred for observation, but in the following conditions operative treatment is recommended at once:—

1. Where the tonsils are sufficiently large to interfere with speech or respiration.
2. Where the child has had recurrent attacks of Tonsilitis.
3. Where there are enlarged cervical glands.
4. Where the condition is associated with ear trouble.

Seventy cases received operative treatment in the local Hospital under the Authority's Scheme, the number in 1925 being 34. Three cases were treated privately by operation, as against one in 1925. Fewer parents have refused operative treatment, the number being seven, as against 15 in 1925,

In many of these children mouth-breathing has become a habit, and special breathing exercises are required, even after operation. The mother is instructed how to carry this out at home, but in many cases this is unsatisfactory.

TUBERCULOSIS.

When any case of suspected or definite Tuberculosis is detected, the child is excluded from school and referred to the Tuberculosis Medical Officer. Cases classified as pre-tubercular are kept under observation at the School Clinic, but all treatment is carried out at the Tuberculosis Clinic, or, in case of surgical Tuberculosis, at the local Hospital.

Table III. shows the number of children with non-infectious Tuberculosis who were attending schools for some part of the year. Five boys and three girls were admitted to the Tuberculosis block of the local Sanatorium during the year for the treatment of early Phthisis.

Deaths among children of school age during the year were five in number. One died from Pulmonary Tuberculosis and four from non-Pulmonary.

SKIN DISEASES.

Ringworm and Impetigo have already been referred to. Other skin diseases included Chronic Eczema, most troublesome to treat, and often persistent in spite of all treatment. We have at present two children who have suffered from this complaint for several years, and both have been in Hospital for long periods.

Ultra Violet Rays for the treatment of skin diseases being available at the local Hospital, suitable cases are referred there.

EXTERNAL EYE DISEASE—DEFECTS OF VISION.

Group I., Table IV., shows that 83 children received treatment for minor eye conditions. The majority of these cases were treated for Blepharitis, Conjunctivitis and Styes. These conditions are often associated with general debility, and general, as well as local treatment is required.

Group II., Table IV., shows that 81 children were referred for refraction on account of defective vision. In the majority of these cases the defect was noted at the Routine Medical Inspection. The others were sent to the Eye Clinic by the parent or teacher. In five cases the parents refused treatment.

Of the 61 children for whom glasses were prescribed at the Eye Clinic, the errors of refraction were classified as follows:—

Hypermetropia	...	...	...	...	34
Hypermetropic Astigmatism	...	...	...	...	14
Myopia	...	...	...	...	11
Myopic Astigmatism	...	...	...	...	2

Glasses are not provided by the Local Education Authority, but by the parents. In cases of poverty the Scarborough Amicable Society may provide them or help to bear the cost. During the year this Society provided 11 children with glasses. The money is refunded in small weekly payments by the parents where possible.

In addition to the 81 children referred to above, 16 children were re-examined as to the suitability of glasses prescribed previously, making a total of 97 cases dealt with at the Eye Clinic.

EAR DISEASE AND HEARING.

Eighty-one children received treatment at the Clinic for ear conditions. In recent cases of discharging ears, the treatment given appears to answer well, but long-standing cases do not clear up quickly, and may persist indefinitely. These latter cases are usually sent on to see a Surgeon at the local Hospital.

The treatment of deafness has resolved itself into the treatment of the associated ear conditions and removal of Adenoids.

DENTAL DEFECTS.

As a result of Medical Inspections and Special Inspections, 43 children were referred to the Dental Clinic for treatment. These were children suffering from carious teeth to such an extent as to demand immediate attention.

Mr. J. J. L. Hollington, the Dental Surgeon, has kindly written the following report on his work among the school children:—

“ DENTAL REPORT.”

“ The installation of a gas and oxygen apparatus in the Dental
 “ Clinic last April has been the means of greatly improving the work
 “ done during the last year; there are no extraction cases now which
 “ cannot be efficiently dealt with in the Dental Clinic. On an average,
 “ sixteen gas cases are completed during a session, and the conduct
 “ of the children is admirable. The demands of parents for a general
 “ anæsthetic for their children are, in almost every case, quite rightly

“insistent where permanent teeth have to be removed, and the Dental Clinic at the present time is enjoying a popularity which, under previous conditions, it could never have hoped for. The great amount of dental disease present in children of all ages is an alarming indication that parents do not yet realise the importance of studying their children’s diet; in many cases bad teeth are looked upon with complacency and indifference unless pain or wakeful nights result. Then the most hardened refusals are gathered into the Clinic.”

“The great importance of the temporary dentition is not yet appreciated, and the remark, ‘Well, they are only the baby teeth,’ is heard almost every day; consequently, children are often treated for the first time when considerable and irreparable harm has been done.”

“The percentage of refusals compares most favourably, however, with other places, and as the parents become more educated to the great importance of good teeth, physically and æsthetically, it is to be hoped that no child will be wilfully neglected in this respect.”

CRIPPLING DEFECTS.

The last Group of Table III. shows the number of these defects, and this number includes cases of Valvular Disease of the Heart. Apart from these, cases of Rickets, Infantile Paralysis and Congenital Defects are included. Severe crippling due to Rickets is not often seen in the schools, and the work of the Infant Clinic in the past may be partly responsible for this. At the present time a fair number of children under the age of five are receiving treatment at the Hospital and Infant Clinic for commencing Rickets, and in this way these children will be prevented from developing rickety deformities.

No recent cases of Infantile Paralysis have been detected in the schools, most deformities due to this disease having persisted for some time.

The treatment of these cases is carried out by private practitioners or at the Hospital. In cases where massage was necessary, it was not always possible to obtain this, as many of the parents were in necessitous circumstances. In such cases massage was provided by the Council of Social Welfare, the parents paying what they could towards the cost.

The opening of the Orthopædic Hospital at Kirbymoorside has marked an advance in the treatment of these crippled children. When institutional treatment is required the children are admitted there, and the remainder kept under supervision. Three boys and three girls were admitted during the year. One

boy and one girl were discharged, and are still under observation. Twelve boys and ten girls attended the Monthly Clinic held in the local Hospital by Dr. Crockatt, the Orthopædic Surgeon. At these monthly Clinics a masseuse also attends who gives instructions to the mothers regarding exercises, etc.

INFECTIOUS DISEASES.

All cases of Notifiable Infectious Diseases are dealt with in the first instance by the Health Department, from whence arrangements are made for the exclusion from school of cases and contacts.

Non-notifiable Infectious Diseases are reported on a special form by the Head Teachers as soon as the cause of the child's absence from school is known. The case is then visited by one of the School Nurses, and, if verified, the notification is passed on to the Health Department.

No school was closed during the year on account of infectious disease.

The Table given herewith shows the prevalence of common infectious diseases among school children. For purposes of comparison, figures are given for the last three years.

Nearly all the cases of Measles shown in the Table occurred in the first quarter of the year.

Mumps became epidemic towards the end of the last quarter, no cases being notified early in the year.

Year.	Scarlet Fever.			Enteric Fever.			Diphtheria.			Smallpox.			Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Boys	Girls	Boys	Girls
1924	9	23	—	2	3	1	2	7	—	3	4	—	113	110	—	20	28	6	15	36	46
1925	10	7	—	—	—	—	5	4	1	2	8	—	46	72	—	5	9	43	41	2	1
1926	10	9	—	—	—	—	13	13	1	—	—	—	61	75	1	44	37	52	49	23	12

FOLLOWING-UP

Is chiefly required for the treatment of defects found in schools when the parents have not been present. The School Nurse visits the home to advise the mother and to ensure that the child's health will not be prejudiced through lack of seeking suitable advice and treatment. Children are often sent or

brought voluntarily to the Clinic, and in nearly all the cases attending the parents are anxious that treatment be continued as long as necessary.

The following Table shows the visits of the Nurses to the homes, the cause of such visits, and, in addition, the number of visits made by them to the schools :—

Visits the result of Medical Inspections in the Schools.	No. of visits made.	Visits due to suspected infectious or contagious diseases.	No. of visits made.
Uncleanliness	2	Scarlet Fever	4
Defects of nose and throat ...	23	Measles	162
Defects of vision	71	Whooping Cough	92
External eye disease	1	Chicken-pox	105
External Ear disease	1	Mumps	10
Nervous diseases	2	Scabies	4
Heart disease	4	Ringworm	5
Tuberculosis	3	Impetigo	4
Other Causes	43	Diphtheria	5
		Other Causes	116
	150		507

In addition :—

The number of visits paid by the Nurses to the Schools (not including visits for detection of uncleanliness) ...	377
Visits for detection of uncleanliness	45
Visits to children's homes in connection with the work of the Dental Clinic	791
	1,213

MEDICAL TREATMENT.

This has already been referred to under the various headings. Treatment at the School Clinic is mostly confined to minor ailments, and a description of such treatment was given in the Report of 1925. Cases of more serious disease or defect are transferred to the local Hospital or to a private practitioner.

THE SCHOOL CLINIC.

The premises in King Street are in use as in former years.

The attendances at the General Clinic include the 708 children shown as " Specials " in Table Ib. and the re-examinations shown in the same Table.

The number of cases actually treated by the School Nurses under the

supervision of the Medical Officer and the number of attendances made are as follows :—

1926.	No. of Children.	RESULT.		No. of attendances made.
		Reeovered.	Still Attending.	
Impetigo	342	336	6	2512
Ringworm	81	69	12	1953
Scabies	5	5	...	15
Ear Disease	81	77	4	578
Eye Disease	83	82	1	414
Uncleanliness	29	29	...	88
Abscesses, Boils, &c.	33	33	...	195
Eczema and Seborrhœa	61	59	2	432
Minor Ailments	638	633	5	3831
Total	1353			10018

In 1923, at the instance of the Board of Education, the Education Committee instituted a scale of fees for children treated at the School Clinic.

As was then predicted, the annual sum received is small, the majority of the parents being in necessitous circumstances :—

	£	s.	d.
Sums received for General Clinic ...	4	0	0
Sums received for Dental Clinic ...	2	17	6
	£6	17	6

EXCLUSIONS FROM SCHOOL ON MEDICAL GROUNDS.

Twenty children were excluded from school at the Routine Medical Inspection. Of these, 15 were excluded for infectious or contagious disease.

Of the children seen at the Clinic, 142 were excluded, 71 of these being on account of infectious or contagious disease.

OPEN-AIR EDUCATION, PHYSICAL TRAINING, GAMES, SWIMMING CLASSES.

There is no Open-Air School in Scarborough, nor is it so essential as in the large and industrial towns.

Physical Training in the schools is conducted by the teachers, who follow the syllabus published by the Board of Education. There is no special teacher for this branch.

The question of a Playing Field is still unsettled.

Swimming Classes for the children are held at the Aquarium Baths.

GAMES.—Apart from outdoor games (football and cricket), organised games are conducted in the schools as part of physical training. Basket ball has been introduced into three schools.

PROVISION OF MEALS.

In former years the Amicable Society has provided free meals in necessitous cases. During 1926 no free meals were given.

CO-OPERATION.

Parents of children being examined at the Routine Medical Inspections are notified of the date and time of such inspection, and are invited to be present. When parents are not present, they are notified if any defect is found. The School Nurse visits the home and explains the condition to the mother, who may be asked to bring the child to the School Clinic for further examination or for treatment. In the majority of cases the response is satisfactory, and the parents appreciate the work done at the Clinic on behalf of the health of the children.

In a great many cases the mothers voluntarily send, or bring, the children to the Clinic for some defect which they themselves have noticed.

The following Table gives the percentages of parents present at Routine Medical Inspections in 1925 and 1926 :—

Age Group.				1925.		1926.
Entrants	...	...	...	65.56	...	72.41
Special Entrants (over 7)	...		...	24.27	...	32.53
Intermediates	...	...	...	43.75	...	48.26
Leavers	...	...	...	7.86	...	10.27

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

The co-operation of Head Teachers has been most helpful in carrying out the work of Medical Inspections and treatment of defects. Their knowledge of the children has been of much value, and through them many defects are brought to notice. Also in many cases the teachers advise the parents to take their children to the Clinic for examination or for treatment.

The teachers are informed of defects found in cases where supervision at school is necessary, as in cases of children with Heart Disease.

The co-operation of the School Attendance Officer is of great value to the Medical Service. Whilst investigating cases of absence from school, he refers cases of illness to the School Medical Service if satisfactory medical attention is not already being obtained.

With regard to the co-operation of voluntary bodies, the National Society for the Prevention of Cruelty to Children may be notified in cases of uncleanliness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Maver, from his report for 1926, has favoured me with the following particulars :—

“ There were 89 cases in Scarborough enquired into, affecting the
 “ welfare of 206 children (101 boys and 105 girls), involving 112
 “ offenders (43 males, 69 females). Forty-five of the cases were
 “ due to drink, involving 47 offenders (22 males, 25 females).
 “ Twenty of the children were illegitimate, eight were nurse
 “ children.

“ The classification of the cases were as follows :—

“ Neglect and Starvation	...	...	...	...	52
“ Ill-treatment and Assault	...	...	...	...	10
“ Immoral Surroundings	...	...	..	...	4
“ Other Wrongs	...	...	...	...	10
“ Exposure	...	...	...	...	2
“ Advice Sought	...	...	...	...	10

“ These were dealt with as follows :—

“ Warned and advised by the Inspector, with satisfactory results	...	...	...	...	83
“ Prosecuted	...	...	...	...	2
“ Otherwise dealt with	...	...	...	...	3

“ 232 visits to these homes were made for the purpose of super-

“ vision of the children, and improvement was found in the
 “ majority of the cases.

“ In one case the children were taken from the custody of the
 “ parent and placed in a home. In another case both parents
 “ were sent to prison for four months' hard labour and the
 “ children were put in the Poor Law Institution.

“ The parents of many neglected children were advised to take
 “ them to the Clinic for treatment, with most satisfactory
 “ results, the Clinic being highly spoken of and appreciated
 “ by the working class of the town.”

Inspector Maver concluded with an appreciation of the help afforded him by the School Medical Service.

The work of the Council of Social Welfare has already been referred to in the treatment of crippled children.

This Society also provides milk and cod liver oil in cases of malnutrition and debility, on the recommendation of the School Medical Inspector.

In addition to the help already mentioned, the Scarborough Amicable Society spent £96 19s. 8d. on clothing and boots for school children during the year.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC.

Table III. deals with this class of defective. Children coming under this heading, and not in attendance at any Elementary School, are brought to notice by the School Attendance Officer or the School Nurses when visiting the homes.

Information may also be obtained from the Scarborough Workhouse Infirmary and from the various voluntary workers. In this way most of these cases are brought to light.

No fresh cases of blind or deaf children requiring special training have been brought to light during the year. No new case of mental deficiency was notified to the Local Authority during the year.

Twenty children classified as "Feeble-minded" are attending the ordinary Elementary Schools and are capable of deriving benefit from such instruction.

Eighteen children were found to be "incapable of benefiting by instruction in an ordinary Elementary School," and for these a Special Class for dull and backward children is provided by the Education Committee under a specially-trained and most efficient teacher.

On leaving this class, the names of children are sent to the Council of Social Welfare, and this Council, working in conjunction with the Yorkshire Association of Mental Welfare, takes over the visiting and after-care of such children.

NURSERY SCHOOLS.

The work of the Medical Service in these schools has already been referred to. This consists of the Medical Inspection of all children on admission. Defects found are treated in the same way as those at the Elementary Schools. On being transferred to other schools, these children are again medically examined. Where defects are noticed by the teachers, the children are sent on to the School Clinic in the ordinary way.

SECONDARY SCHOOLS.

Secondary Schools in this area come under the North Riding Authority, and the work in connection with these schools is included in the report of that Authority.

CONTINUATION CLASSES.

At present no arrangement exists for Medical Inspection in connection with these Classes.

EMPLOYMENT OF CHILDREN.

Under the Bye-laws for the employment of children, all children under the age of 14 must be medically examined as to their fitness for the work. These children are sent on for medical examination by the Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barbers' shops, public slaughter-houses, etc., are prohibited.

During the year 102 boys were examined; 101 were passed as "fit," and a certificate was refused in one case. Ten girls were also examined for work during the summer vacation; nine were passed as fit, one certificate was refused.

There is no arrangement for the re-examination of all these children, but in doubtful cases the certificates are given for a limited period, and at the end of that time a further examination is made and a fresh certificate given. Where a second examination has been necessary, it has not been found that the health of the children had suffered from such employment. In no case was a second certificate refused.

CONDITION AS TO VACCINATION OF CHILDREN IN THE SCHOOLS.

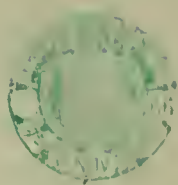
A record is kept at Medical Inspections of children bearing marks of successful vaccination. The percentages are shown in the following Table. The figures for 1925 are given for comparison :—

Groups Inspected.	Sexes.	Percentage bearing marks of successful vaccination, 1925.	Percentage bearing marks of successful vaccination, 1926.
Entrants	Boys	26·44	27·72
	Girls	27·42	24·30
Intermediate	Boys	42·85	37·09
	Girls	38·81	38·75
Leavers	Boys	43·03	40·46
	Girls	53·67	52·94
Special Entrants (new-comers to the town) ...	Boys	46·91	47·66
	Girls	50·86	50·00

Appended to this Report are the Tables required by the Board of Education to show in tabular form the work of the School Medical Service.

ANNE M. ROXBURGH,

*Assistant School Medical Officer and
Assistant Medical Officer of Health.*



Scarborough Education Authority, 1926.

MEDICAL INSPECTION RETURNS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS (*see note a*).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections
(*see note b*).

Entrants	...	...	...	...	...	...	...	...	...	609
Intermediates	...	...	...	...	...	...	...	...	...	346
Leavers	...	...	...	...	...	...	...	...	...	360

Total ... 1315

Number of other Routine Inspections 209
(*see note c*).

B.—OTHER INSPECTIONS.

Number of Special Inspections 708
(*see note d*).

Number of Re-Inspections 344
(*see note e*).

Total ... 1052

NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out:—

(i) in compliance with Article 7 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;

(ii) on the school premises (or at a place specially sanctioned by the Board under Article 44 (h) of the Code);

(iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three code age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

TABLE II.

A.—Return of Defects found by Medical Inspection in the
year ended 31st December, 1926.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	11	...	11	...
	Uncleanliness: (See Table IV., Group V.)	5	...	7	...
Skin	Ringworm:				
	Scalp	4	...	33	...
	Body	...	...	44	...
	Scabies	1	...	5	...
	Impetigo	1	...	67	...
	Other Diseases (Non-Tuberculous)	7	...	41	...
Eye	Blepharitis	6	...	7	...
	Conjunctivitis	1	...	12	...
	Keratitis	1	...	2	...
	Corneal Opacities	...	...	2	...
	Defective Vision (excluding Squint)	30	23	11	3
	Squint	10	9	2	1
	Other Conditions	2	...	15	...
Ear	Defective Hearing	5	4	6	...
	Otitis Media	5	...	13	...
	Other Ear Diseases	2	...	18	...
Nose and Throat	Enlarged Tonsils only	18	73	20	...
	Adenoids only	5	10	7	...
	Enlarged Tonsils & Adenoids	8	12	9	3
	Other Conditions	4	...	24	...
	Enlarged Cervical Glands (Non-Tuberculous)	2	...	20	...
	Defective Speech	9	...	1	...
	Teeth—Dental Diseases (See note a) (See Table IV., Group IV.)	32	...	11	...
Heart and Circulation	Heart Disease:				
	Organic	6	15	4	6
	Functional	3	4	3	1
	Anæmia	3	...	8	...
Lungs	Bronchitis	9	...	8	...
	Other Non-Tuberculous Diseases	5	...	4	...
Tuberculosis	Pulmonary:				
	Definite	...	...	1	...
	Suspected	8	...	11	...
	Non-Pulmonary:				
	Glands	1	...	1	...
	Spine	1	...	...	...
	Hip	...	...	...	...
	Other Bones and Joints	...	...	...	...
Nervous System.	Skin	...	...	1	...
	Other Forms	...	...	...	...
	Epilepsy	1	...	1	...
	Chorea	1	...	5	...
	Other Conditions	4	...	24	...
Deformities	Rickets	6	...	1	...
	Spinal Curvature	3	...	...	...
	Other Forms	8	...	7	1
	Other Defects and Diseases	16	7	209	...

TABLE II.—*continued.*

B.—Number of *individual children* (see note b) found at *Routine Medical Inspection to Require Treatment* (excluding Uncleanliness and Dental Diseases).

GROUP (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (see note d.) (4)
	Inspected (see note c). (2)	Found to require Treatment. (3)	
CODE GROUPS :—			
Entrants	609	76	12'47
Intermediates	346	68	19'65
Leavers	360	29	8'05
Total (Code Groups)	1315	173	13'15
Other Routine Inspections	209	28	13'39

NOTES ON TABLE II.

(a) The figures to be included in this space should refer to the findings of the *Medical Officer*, and not those resulting from dental inspection in the schools by the School Dentist. The findings of the School Dentist should be recorded in Table IV., Group IV.

(b) No individual child should be counted more than once in this part of Table II., *i.e.*, under B, even if it is found to be suffering from more than one defect.

(c) The figures in this column will of course be the same as those given in Table I. A.

(d) The figure in this column will be the percentage of the figure in column (3) of that in column (2).

TABLE III.

Return of all Exceptional Children in the Area (*see note a*).

			Boys.	Girls.	Total.
I. Blind (including partially blind) (<i>see note b.</i>)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	...	1	1
		Attending Public Elementary Schools (<i>see note c</i>)	...	...	...
		At other Institutions ...	1	..	1
		At no School or Institution	1	...	1
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	..	...	...
		Attending Public Elementary Schools (<i>see note c</i>)	...	...	...
		At other Institutions ...	...	...	..
		At no School or Institution	...	...	...
II. Deaf (including deaf and dumb and partially deaf) <i>see note d.</i>)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	1	1	2
		Attending Public Elementary Schools (<i>see note c</i>)	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution	...	..	...
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools (<i>see note c</i>)	...	1	1
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
III. Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority.) (<i>See note e.</i>)	Special Class.			
		Attending Certified Schools for Mentally Defective Children ...	10	8	18
		Attending Public Elementary Schools (<i>see note c</i>)	15	5	20
		At other Institutions ...	..	...	..
	Notified to the Local Control Authority during the year or previously.	At no School or Institution	6	3	9
		Feeble-minded... ..	1	1	2
		Imbeciles	2	4	6
		Idiots	1	...	1
IV. Epileptics	Suffering from severe epilepsy. (<i>See note f.</i>)	Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools	...	..	...
		Attending Public Elementary Schools (<i>see note c</i>)	...	...	...
		At no School or Institution	1	...	1
	Suffering from epilepsy which is not severe. (<i>See note g.</i>)	Special Class (Voluntary) ..	1	1	2
		Attending Public Elementary Schools (<i>see note c</i>)	2	3	5
		At no School or Institution	...	...	..

TABLE III.—*continued.*

			Boys.	Girls.	Total.
V. Physically Defective	Infectious pulmonary and glandular tuberculosis. (See note h.)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	2	2
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
	Non-infectious but active pulmonary and glandular tuberculosis. (See note h.)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	5	3	8
		At Certified Residential Open Air Schools ...	...	..	...
		At Certified Day Open Air Schools	..	...	...
		At Public Elementary Schools (see note c) ...	11	8	19
		At other Institutions ...	...	...	...
		At no School or Institution	...	1	1
	Delicate children (e.g., pre- or latent tuber- culosis, malnutri- tion, debility, anaemia, etc.). (See note h.)	At Certified Residential Open Air Schools ...	...	...	...
		At Certified Day Open Air Schools	...	...	...
		At Public Elementary Schools (see note c) ...	30	26	56
		At other Institutions ...	...	...	...
		At no School or Institu- tion	...	..	...
		Special Class (Voluntary) ..	3	1	4
	Active non-pulmonary tuberculosis. (See note h.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	...	1
		At Public Elementary Schools (see note c) ...	4	1	5
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
	Crippled Children (other than those with active tuber- culous disease), e.g., children suffering from paralysis, etc., including those with severe heart disease. (See note h.)	At Certified Hospital Schools	3	2	5
		At Certified Residential Cripple Schools ...	...	..	...
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools (see note c) ...	16	37	53
		At other Institutions ...	1	...	1
		At no School or Institution	1	1	2
		Special Class (Voluntary) ..	2	3	5

NOTES ON TABLE III.

(a) This Table is a return of all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe), have been ascertained to be blind, deaf, defective or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children as it stands on the last day of each calendar year.

Children who are living in residential schools in the area, but who come from other areas, should not be included in this Table; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child shall be included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff.

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and Physically Defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

(b) For the purpose of this return the Board require that children who are blind within the meaning of the Act should be divided into two categories, *i.e.*, (1) those who are totally blind or so blind that they can only be appropriately taught in a school or class for totally blind children, and (2) those who though they cannot read ordinary school books, or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school or class for the partially blind.

It should be understood that children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision, should not be included in this Table.

(c) It should be understood that none of the children in this Table (except children suffering from epilepsy which is not severe) should in fact be attending public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Special School accommodation makes it impossible to do better for some defective children than to allow them to attend the ordinary school. No space is left for the entry of children with infectious pulmonary tuberculosis attending public elementary schools, as these children should of course be promptly excluded from such schools.

(d) Children who are deaf within the meaning of the Act should be classified for the purpose of this Table as (1) totally deaf or so deaf that they can only be appropriately taught in a school or class for the totally deaf, and (2) partially deaf. *t.e.*, those who can appropriately be taught in a school or class for the partially deaf.

(e) This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and who are not eligible for notification to the Local Control Authority under the Mental Deficiency Act.

(f) In this part of the Table only those children should be included who are epileptic within the meaning of the Act.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary public elementary schools.

(g) In this part of the Table should be entered the remainder of the epileptic children in the area, *i.e.*, children whose disease is of such a kind as not to unfit them for attendance at an ordinary public elementary school.

(h) The exact classification of physically defective is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings, taking care that *no child is entered under more than one sub-heading*.

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1926. (*See note a.*)

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

Disease or Defect (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (<i>see note b.</i>) (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm-Scalp	33	7	40
Ringworm-Body	48	2	50
Scabies	5	...	5
Impetigo	342	...	342
Other skin disease	61	2	63
<i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.).	83	...	83
<i>Minor Ear Defects</i> (<i>See note c.</i>)	81	...	81
<i>Miscellaneous</i> (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	638	...	638
Total	1291	11	1302

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme (<i>see note b.</i>) (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report).	71	1	1	73
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	...	4	...	4
Total	71	5	1	77

Total number of children for whom spectacles were prescribed

(*a*) Under the Authority's Scheme, 61.

(*b*) Otherwise, 2.

Total number of children who obtained or received spectacles

(*a*) Under the Authority's Scheme, 53.

(*b*) Otherwise, 2.

Eight children have not yet obtained glasses.

In 5 cases parents refused all treatment.

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital (see note b). (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total (3)		
70	3	73	48	121

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5—283	} Total 2354
	6—252	
	7—224	
	8—282	
	9—225	
	10—215	
	11—290	
	12—268	
	13—166	
	14—149	
Specials (see note d) 214		
Grand Total 2568		

(b) Found to require treatment 1713.

(c) Actually treated 1410.

(d) Re-treated during the year as the result of periodical examination 85.

(see note e.)

(2) Half-days devoted to :—

Inspection	17	} Total 203
Treatment	186	

(3) Attendances made by children for treatment 2313

(4) Fillings :—

Permanent teeth	1033	} Total 1079
Temporary teeth	45	

(5) Extractions :—

Permanent teeth	825	} Total 2662
Temporary teeth	1837	

(6) Administration of general anaesthetics for extractions 337

(7) Other operations :—

Permanent teeth	55	} Total 55
Temporary teeth	Nil	

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS. (See note f).

- (i) Average number of visits per school made during the year by School Nurses, 5.62.
- (ii) Total number of examinations of children in the Schools by School Nurses, 6608.
- (iii) Number of individual children found unclean, 306.
- (iv) Number of children cleansed under arrangements made by the Local Education Authority, 22.
- (v) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 } Nil
 - (b) Under School Attendance Bye-laws } Nil

NOTES ON TABLE IV.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Sections 16 and 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here, but in the body of the School Medical Officer's Annual Report.

(d) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

(e) It should be understood that all the cases entered under this head are also entered under head c.

(f) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

N.B.—Groups I.—V. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect (*e.g.*, for orthopædic treatment) or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.







[Handwritten scribbles]